



Toby House, Inc.

BOARD OF DIRECTORS
President

Gary Simons

Vice President

Charlotte Smith

Treasurer

Gary Melcher

Secretary

Carole Kauffman

Board Members

Toby Citron

Frank Barber

Junius Bowman

Precious Simons

Paula Kulina

Sigmund Popko

Jean Rehfeld

Steve Abbit

Debbie Gilman

Susan Gilman

Kip Micuda

Alison Schroeder

Executive Director

Raymond L. Grey

Administrative Office

Toby House, Inc.

1202 E. Maryland #2A

Phoenix, AZ 85014

(602) 234-3338

(Fax) 234-3398

Residential Services

Toby House

313 W. Willetta

Phoenix, AZ 85003

(602) 257-1250

(Fax) 254-9488

Toby II

1601 W. Desert Cove

Phoenix, AZ 85029

(602) 943-0726

(Fax) 943-5911

STAR

313 E. Willetta

Phoenix, AZ 85004

(602) 252-0313

(Fax) 252-6963

Outpatient &
Vocational Services

3606 N. 16th St.

Phoenix, AZ 85016

(602) 248-7094

(Fax) 265-8216

September 22, 2003

Dear Mr. Bitz:

The attached progress notes regarding Mr. Gamez' stay at our Butler treatment site appear to speak to psychosis as the primary force that led to his violation of parole. As you can see from the notes, Mr. Gamez suffers from a myriad of symptoms related to his mental illness. It appears that the medical treatment he was receiving was not yet sufficiently controlling his symptoms. It is also noted that Mr. Gamez may be developing polydipsia. While Mr. Gamez did violate his parole, his statement that he went to his girlfriend's house because he was "freaking out" is probably related to his psychotic state.

The attached notes should help you understand what happened prior to and after his AWOL. If I can be of further service, please contact me.

Sincerely

Raymond Grey, C.I.S.W.
Executive Director

Adults with mental illness deserve a quality lifestyle that allows for health, happiness and peacefulness

Exhibit A

TOBY HOUSE, INC.
Phoenix, Arizona

DISCHARGE/TRANSFER REPORT

Pg 1 of 2

CLIENT NAME: Thomas Joseph Gamez

CLIENT ID #: 0223800145

PROGRAM: Butler Group Home

DISCHARGE TRANSFER

DATE OF ADMISSION: 04/24/03

DATE OF DISCHARGE/TRANSFER: 06/13/03

FORWARDING ADDRESS: C/O Federal Bureau of Prisons

CITY: Phoenix STATE: AZ ZIP: N/A PHONE: () N/A

PSYCHIATRIST/CASE MANAGER/CLINIC ADDRESS: O'Conner/ Jaquez/ 1300 N. Central

CITY: Phoenix STATE: AZ ZIP: 85004 PHONE: (602) 2519-0650

DIAGNOSIS AT TIME OF ADMISSION:

AXIS I 295.10

AXIS I 304.80

AXIS II V71.09

AXIS III 799.9

AXIS IV legal issues

AXIS V 30

DIAGNOSIS AT TIME OF DISCHARGE/TRANSFER:

AXIS I 295.10

AXIS I 304.80

AXIS II V71.09

AXIS III 799.9

AXIS IV legal issues

AXIS V 30

REASON FOR DISCHARGE/TRANSFER: Thomas violated Federal Probation on 06/12/03 and was incarcerated on 06/12/03. He was on "Level One Restriction" and he left the Value Options 1300 N. Central without supervision and remained absent.

ASSESSMENT OF NEEDS/SKILLS AT TIME OF ADMISSION: Thomas presented a need for community adjustment

Med. compliance/education: education in symptoms recognition/management; stress recognition/management to improve coping skills,

SUMMARY OF SERVICES PROVIDED: Counseling and encouragement to persist with treatment compliance by attending and participating in Outpatient and Residential groups; stress management; symptoms management; relaxation; physical activities; anger management; self awareness; Residence provided assistance with budgeting instruction; prompts; and encouragement to support treatment compliance; community adjustment; probation

ISSUES NOT RESOLVED DURING TREATMENT: Thomas' increase in symptoms (i.e. heavier smoking, increased pacing activity, auditory hallucinations, and anxiety) during second week before Q 2 weeks Prolixin IM was not resolved. BID weigh-ins had not yet resolved issue of possible polydipsia. Nicotine addiction was not resolved.

ACCOMPLISHMENTS RELATING TO THE TREATMENT PLAN: Med. compliance was consistent without prompts/ reminders. Thomas' self-awareness and symptoms recognition successfully initiated an emergency psychiatric appointment on 05/21/03.

RECOMMENDATIONS FOR CONTINUING CARE PLAN: Continuing care to be provided by Federal Bureau of Prisons.

SIGNATURE: Stephen L. Davis PRINT NAME: Stephen L. Davis DATE: 6/13/03

II/D/3-a-1

TOBY HOUSE, INC.
Phoenix, Arizona

COUNSELING NOTE

CLIENT NAME:
CLIENT ID #:Gomez, Thomas
0823900145

DATE: 6/10/03

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input type="checkbox"/> Counseling	Time Value: _____	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____
Treatment Issues addressed: _____ / _____ / _____ / _____		

Observed responses: Ct went to bed at 11:30 p.m. and got up at 5:00 a.m. to smoke then at 10:00 ate breakfast.

Plan: _____

Signature/Title/Date: Michelle Spinosa ILSS 6/10/03 Additional comments on reverse

DATE: 6/11/03

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input checked="" type="checkbox"/> Counseling	Time Value: 2.5	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____
Treatment Issues addressed: Spoke 1:1 w/ Thomas and discussed observation that during last 3-4 days before IM he becomes more actively verbal so aid he speaks at faster rate and verbalizes to self more obviously.		

Observed responses: He stated he was alright and that "I got a heart" now (2 weeks ago he had no heart just "pulp")

Plan: Continue to monitor / support

Signature/Title/Date: SKIP DALE CLARK 6/11/03 Additional comments on reverse

DATE: 06-11-03

<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input checked="" type="checkbox"/> Group
<input checked="" type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input checked="" type="checkbox"/> Counseling	Time Value: 0.5	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____
Treatment Issues addressed: S.t. right		

Observed responses: Thomas made an engagement to participate but showed poor understanding & completed his worksheet.

Plan: Continue engagement & dt group participation.

Signature/Title/Date: Linda 19th, 1655 06-11-03 Additional comments on reverse

II/C/2/a-1

CJA

TOBY HOUSE, INC.
Phoenix, Arizona

COUNSELING NOTE

CLIENT NAME: James, Thomas
CLIENT ID #: 0223800145DATE: 6-11-03 (3-61P)

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input checked="" type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input type="checkbox"/> Counseling	Time Value: _____	<input type="checkbox"/> Personal Assistance Time Value: _____
<input checked="" type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____
Treatment issues addressed: <u>ILS, socialization, med compliance</u>		

Observed responses: Thomas was indep. in ILS tasks. He soc'd briefly on + off w/ peers. Ct attended group

Plan: Cont. ILS goals

Signature/Title/Date: Tom Felt ILS 6/11/03 Additional comments on reverseDATE: 6/11/03 (11-7)

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input type="checkbox"/> Counseling	Time Value: _____	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____
Treatment issues addressed: <u>/</u>		

Observed responses: Ct slept until 5:00 a.m.

Plan: /Signature/Title/Date: Michelle Pineda ILS 6/11/03 Additional comments on reverseDATE: 6/12/03

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input checked="" type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input checked="" type="checkbox"/> Counseling	Time Value: <u>2.5</u>	<input type="checkbox"/> Personal Assistance Time Value: _____
<input checked="" type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____
Treatment issues addressed: <u>Med compliance; ICS; nutrition; Probation compliance; Benefit and Payee: Ct was redirected (-1 to Payee p/c he'd asked for "my checks" to give to m). Federal Probation Officer Monizamone</u>		

Observed responses: Ct accepted into re: payee. & prompts to needs. Ct was transported to clinic and transferred to their supervisor he over AVOI

Plan: Contact Federal Marshall's office if he returns home: 382-8767

Signature/Title/Date: SIP IAVS ILS 6/12/03 Additional comments on reverse

II/C/2/a-1

05

Counselling Note

CLIENT NAME:
CLIENT ID #:

Gomez, Thomas
0223980145

DATE	ADDITIONAL COMMENTS CONTINUED...
6/12/07 2-3 (Cont.)	<p>Mori said to insist on speaking to an officer to apprise that he's here. Mori Gammons (Federal P.O.) said shed update us to name of Fed Marshall contact person. P.O.s At approximately 12:30 pm P.O. apprised writer that Bureau of Prisons had issued a warrant for Thomas's arrest. Staff was cautioned to not apprise et. al. of actions lest he escalate or run. Once so if Gt. has shown up also apprise Kimber on Beepo. Once and if he's picked up so by Phx Police and or Feds, appropriate paperwork to be done</p> <p style="text-align: right;">— SKIP DAVIS 15575</p>

Original 2/03

II/C/2/a-2

TOBY HOUSE, INC.
Phoenix, Arizona

COUNSELING NOTE

CLIENT NAME: James Thomas
CLIENT ID #: 0223800145DATE: 6-12-03 (3-11P)

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Family	<input type="checkbox"/> Group
<input type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input type="checkbox"/> Counseling	Time Value: _____	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____

Treatment issues addressed: AWOL status

Observed responses: Ct currently AWOL from VO. No contact. However, ct's (m) T/C'd unaware of status & was advised

Plan: Contact Fed. Marshall upon set 382-8767

Signature/Title/Date: Tom Petty ILS 6/12/03 Additional comments on reverse

DATE: 6/12/03 (1P)

<input type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input type="checkbox"/> In-Office	<input type="checkbox"/> Out of Office, Location: _____	
<input type="checkbox"/> Counseling	Time Value: _____	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____

Treatment issues addressed: AWOL - No contact

Observed responses: _____

Plan: _____

Signature/Title/Date: Michelle Papinza ILS 6/12/03 Additional comments on reverse

DATE: 6/13/03

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Family	<input type="checkbox"/> Group
<input type="checkbox"/> In-Office	<input checked="" type="checkbox"/> Out of Office, Location: _____	
<input checked="" type="checkbox"/> Counseling	Time Value: <u>25</u>	<input type="checkbox"/> Personal Assistance Time Value: _____
<input type="checkbox"/> ILS	Time Value: _____	<input type="checkbox"/> Pre-Job Training Time Value: _____

Treatment issues addressed: Federal probation violation; Thomas left VO Clinic 3 days late supervision 6/12. Thomas was arrested at VO North Central this AM p staff there notified AZ Police

Observed responses: Ct showed up on foot this AM behind Outpt. Services; he was amenable to transport to clinic for Probation & he missed

Plan: Discharge this date 2^o probation violation

Signature/Title/Date: SKIP DAVIS ILS 6/13/03 Additional comments on reverse

II/C/2/a-1

CWA

Counselling Note

CLIENT NAME:
CLIENT ID #:Gomez, Thomas
02238100145

DATE	ADDITIONAL COMMENTS CONTINUED...
6/13/03 (7-3)	Ct. was calm expressed he was "scared." When asked about yesterday he said he'd ^{so} walked off because he was "breaking out." Reported he'd stayed w/ his girlfriend. Gave him info that P.O. had had to report violation and that a warrant had been issued for him to be picked up. Center transported Thomas to U.O. 1300 N. Central Forensics clinic where Blue Dot Suzanne Shirkson contacted Phoenix Police (2 ^o "explicit" instruction). Thomas was left in care of U.O. at 10:30 AM. — SKIP DAVIS 1LS52
6/13/03	Per APC Discharge staffing was generated and faced for sign on to U.O. for D/P this day. 2 ^o Federal Probation violations. Face sheet and updated C/H were faxed to Toby M.O. — SKIP DAVIS 1LS52
6/14/03	Ct. funds were closed out and transported to M.O. Discharge / Transfer report was completed — SKIP DAVIS 1LS52

Original 2/03

11/C/2/0-2